

**REQUIRED COST ITEMS DESCRIPTION
FOR SPECIAL EDUCATION HIGH COST REIMBURSEMENT**

COST ITEM	PROVIDE THE FOLLOWING INFORMATION IN THE DETAILED DESCRIPTION FIELD
Autism Direct Educational Services	<ul style="list-style-type: none"> • Name of Agency • Description of services provided to student eligible for high cost • Total FTE spent providing direct services to student
CESA Service - Adaptive PE	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Attendant Aide	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Audiology	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Cross Categorical	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Early Childhood	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Hearing Impairment	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Related Direct Services	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
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CESA Service - Related Direct Services	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Special Ed Aide	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Speech & Language	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Visually Impaired	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
CESA Service - Vocational Special Ed.	<ul style="list-style-type: none"> • Name of CESA • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
Equipment	<p>Equipment must be an excess cost of educating <u>this</u> student.</p> <ul style="list-style-type: none"> • Identify type of equipment • Identify number of units of equipment
Equipment Rental	<p>Equipment must be an excess cost of educating <u>this</u> student.</p> <ul style="list-style-type: none"> • Identify type of equipment • Identify number of units of equipment
Instruction Purchased from LEA	<ul style="list-style-type: none"> • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
Instructional Materials	<p>Instructional materials must be an excess cost of educating <u>this</u> student.</p> <ul style="list-style-type: none"> • Identify / list materials purchased for the student eligible for high cost
Non-Capital Electronics	<p>Non-capital electronics must be an excess cost of educating <u>this</u> student.</p> <ul style="list-style-type: none"> • Identify type of equipment • Identify number of units of equipment
Non-Capital Equipment	<p>Non-capital equipment must be an excess cost of educating <u>this</u> student.</p> <ul style="list-style-type: none"> • Identify type of equipment • Identify number of units of equipment
Nursing - Contracted	<ul style="list-style-type: none"> • Name of Agency • Description of services provided to student eligible for high cost • Total FTE spent providing direct services to student
Occupational Therapy - Contracted	<ul style="list-style-type: none"> • Name of Agency • Description of services provided to student eligible for high cost • Total FTE spent providing direct services to student

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Physical Therapy - Contracted	<ul style="list-style-type: none"> • Name of Agency • Description of services provided to student eligible for high cost • Total FTE spent providing direct services to student
Playground Equipment	<p>Playground equipment must be an excess cost of educating <u>this</u> student.</p> <ul style="list-style-type: none"> • Identify type of equipment • Identify number of units of equipment purchased for this student
Related Service Purchased from LEA	<ul style="list-style-type: none"> • Employee File Number (EFN / License #) • Staff Name • FTE spent providing direct services to student eligible for high cost
Site Rental for LEA Use	<ul style="list-style-type: none"> • Name of site • What is being rented from the site • Purpose of the rental – what student need is addressed
Software	<p>Software must be an excess cost of educating <u>this</u> student.</p> <ul style="list-style-type: none"> • Identify software • Purpose of software – what student need is addressed
Special Transportation (Student) - District	<ul style="list-style-type: none"> • Provide assurance that the need for special transportation is identified in the student's IEP • List all costs that are included in the total cost – this may include FTE of staff, staff position, mileage, amount of time transporting student, insurance, vehicle maintenance, or any other identifying information that reflects actual costs.
Special Transportation (Student) - Contracted	<ul style="list-style-type: none"> • Provide assurance that the need for special transportation is identified in the student's IEP • List all costs that are included in the total cost – this may include FTE of staff, mileage, amount of time transporting student, or any other identifying information that reflects actual costs.
Special Transportation (Student) - Field Trips	<ul style="list-style-type: none"> • Provide assurance that the need for special transportation is identified in the student's IEP • List all costs that are included in the total cost.
Student Tuition - Private Agency	<ul style="list-style-type: none"> • Name of Agency • Description of services provided to student eligible for high cost
Supplies	<p>Supplies must be an excess cost of educating <u>this</u> student.</p> <ul style="list-style-type: none"> • Identify / list supplies purchased for the student eligible for high cost
Transition - Employment Skills	<ul style="list-style-type: none"> • Name of Agency • Description of services provided to student eligible for high cost
Vehicle Rental	<ul style="list-style-type: none"> • Provide assurance that the need for special transportation is identified in the student's IEP • List all costs that are included in the total cost.

